

Attachment B

Statement of Interest – Statewide Long-Term Care Reform
Community Health Partnership, Inc
and
Group Health Cooperative of Eau Claire, Inc.

ORGANIZATION NAME (S)

- Community Health Partnership, Inc. (CHP)
- Group Health Cooperative of Eau Claire, Inc. (GHC-EC)

CONTACT PERSON AND CONTACT PERSON'S ORGANIZATION

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BRIEF DESCRIPTION OF ORGANIZATION

Community Health Partnership, Inc. is a 501(c)3 community-based managed care organization that has successfully demonstrated the Wisconsin Partnership Program model for nearly nine years. CHP's mission is to "use creative teamwork to facilitate quality choices that empower people to live as independently as possible;" and its vision is "to lead the revolution for excellence in managed care, serving people with complex needs, one unique life at a time." CHP provides fully-integrated acute, primary and long-term care management for adult physically disabled persons ages 18-64 and frail elders ages 65 and older in Eau Claire, Dunn, and Chippewa counties. CHP has recently established an HMO licensed health plan, Partnership Health Plan, Inc., which is a separate 501(c)3 sole-owned by Community Health Partnership, Inc. Additionally, CHP is an approved Medicare Advantage Special Needs Plan and Prescription Drug Plan.

Group Health Cooperative of Eau Claire, Inc. is a member-governed, non-profit cooperative model HMO that began coverage in 1977. As a member-governed organization, their singular focus is on optimizing the health care of their members and serving the needs of communities they operate in. GHC-EC currently covers 50,000 lives. GHC-EC has been a participant in Medicaid Managed Care since the early pilot in Eau Claire County in the 1980s. With statewide managed care expansion in 1999, the Cooperative expanded to twenty-seven counties in western Wisconsin. GHC-EC's commitment to service has resulted in the highest overall commercial member satisfaction among Wisconsin health plans for four of the last five years.

Both organizations have developed solid relationships with the Department of Health and Family Services. Both organizations share a compatible mission that seeks to optimize health, strives for quality, and is committed to local community service.

INTEREST IN PLANNING AND IMPLEMENTATION OF LONG-TERM CARE REFORM IN WISCONSIN

CHP and GHC-EC are interested in combining the skills of both organizations to meet the long-term care population needs of western Wisconsin. Both organizations are individually and jointly engaged as partners in existing RFI/RFP efforts in northwestern Wisconsin. These efforts include the West Central Wisconsin-Managed Care Collaborative proposal, and the Northwestern Wisconsin – Long-Term Care Options proposal. GHC-EC is also involved in collaboration with La Crosse County to develop an SSI Managed Care product. CHP's role in these proposals will be to bring our experience in operating a fully-integrated acute, primary, and long-term care managed care program into the development of a managed care plan for long-term care target populations in the service areas defined in both RFI/RFPs. GHC-EC's role in these two proposals will be to develop an SSI Managed Care product that will extend the continuum of managed services beyond the current MA waiver target populations in long-term care. We are both committed to support those public/private partnership proposals, which we reengaged in. We see these as having an ideal combination of the existing strengths of all partners. Both GHC-EC and CHP are contributing resources toward helping these collaborative models to succeed. Both CHP and GHC-EC recognize this is a complex path to pursue with many challenges to overcome. Therefore, the intent of submitting this RFI is not to conflict with those public/private partnership proposals, but to inform the Department we are jointly committed to using our individual and combined expertise to help achieve both long-term care reform and SSI managed care expansion in our area of the state. CHP and GHC-EC are developing a formal agreement to work together to develop a more seamless transition between SSI managed care and managed long-term care. We will be doing this work both in parallel and within our collaborative proposals with our county partners, but some of that work will include developing our mutual relationship. Both organizations see the potential in our joint efforts to enhance the mental health and substance abuse delivery system in our region, which would benefit both SSI managed care enrollees and long-term care recipients. The MH/SA development would seek to use the strengths of county partners, many of whom are providers of this service.

Our mutual interests are to use our existing skills and services for frail elderly, physically disabled, and general Medicaid populations to help reform long-term care. We are interested in being involved in developing a model of care management for mental health/substance abuse and developmentally disabled consumers that integrates acute, primary, and long-term care needs. We both envision a system that uses elements of: Family Care, Partnership, and SSI Managed Care in a more blended and "less siloed" structure (*to use Wisconsin terminology*). We both are interested in serving rural populations. We both are interested in the success of a regional public/private partnership model. We both have a strong belief in providing Wisconsin local, community-based services. With our compatible missions, we are both committed to building trust in "managed care" for more vulnerable populations. Both CHP and GHC-EC have the capacity to incorporate other target populations into our respective cultures and our service delivery systems. CHP and GHC-EC are common threads in two regional efforts: WCW-CMC and NWW-LTCO. Our relationship could help link both of those groups over time. Together,

both organizations may also be able to fill gaps where there may not be an interested public partner in this broad service area of north and western Wisconsin

CHP's interest is best described in our mission "to empower people to live as independently as possible." We are the only Partnership Program that serves more than one target population, and has committed to developing services in a rural setting. We have developed the expertise to manage care for complex populations and are interested in bringing this integrated LTC expertise to those consumers in need of more intensive interdisciplinary care management in a much broader geographic area in northwestern Wisconsin. We have also developed the administrative and business services to manage the financial risk for the two complex long-term care populations we currently serve. We have the capability to expand this expertise to other target populations. We believe we have the capability to work with all LTC target populations by adapting our model to meet a broader range of needs of consumers. While we would be ready and eager to expand the Partnership model to other counties (St. Croix and Pierce in 2006) as a stand-alone expansion, we seek to more broadly collaborate to blend Family Care and Partnership-type models into a more flexible managed care continuum that *provides the right service at the right time to the right consumer*.

GHC-EC is interested in using its culture of optimizing the health care of their members and serving the needs of the communities they operate in to help create long-term care system change. GHC-EC already has a presence in a twenty-seven county regions in western Wisconsin. This commitment creates a natural interest in expanding their role in Medicaid managed care to serve other groups. Group Health believes collaboration between CHP and counties will result in the best combination of services and coordination for enrollees.

Both organizations have the competence and capacity to manage the financial risk for their respective long-term care and SSI populations. Both organizations are fiscally sound, and have the resources to grow. Both GHC-EC and CHP have many resources that are scalable to a larger service area.

GEOGRAPHIC AREA OF INTEREST

CHP and GHC-EC are planning partners in the West Central Wisconsin - Care Management Collaborative RFI/RFP which includes: Barron, Chippewa, Clark, Dunn, Eau Claire, Pepin, Pierce, Polk, and St. Croix counties. Both organizations are planning partners in the North Western Wisconsin - Long-Term Care Options Collaborative RFI/RFP which includes: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, and Washburn counties. GHC-EC serves a twenty-seven county service area in western Wisconsin. GHC-EC is a planning partner with La Crosse County for an RFI/RFP that includes other counties in their service area.

PROPOSED SCOPE AND NATURE OF THE PROGRAM

Both CHP and GHC-EC are committed first and foremost to working and succeeding in our partnerships with counties in western and northern Wisconsin. What is described below is work that would be done within the partnerships developed. It is likely some of this work would happen between GHC-EC and CHP in parallel to the efforts of those partnerships. If those efforts do not succeed, both CHP and GHC-EC would plan to continue working together to help the state succeed with long-term care reform.

GHC-EC and CHP are developing a formal agreement to collaboratively explore efforts to create a seamless transition for enrollees moving between SSI managed care and long-term care. We would be capitalizing on our unique skills in enrolling and serving large numbers (GHC-EC), as well as serving smaller numbers of people with chronic and complex health needs (CHP) to improve a broader system of services these consumers might utilize. We will be exploring ways to identify enrollees in GHC-EC's SSI managed care plan whose needs are becoming more complex, and then providing transitional care management services that begin adding CHP's care management experience to help those GHC-EC SSI enrollees move into the more intense long-term care service system. Both organizations believe developing overlapping relationships with consumers at this critical point in their lives will provide a more stability and minimize adverse events and higher costs. Other concepts we plan to work on together include enhancing the mental health and substance abuse services that exist for both the SSI and LTC populations in our broad region. Both organizations feel the relationship described in this RFI provides an opportunity to practice a more preventive approach to LTC by slowing the progression of chronic disease in SSI consumers. Target groups in this relationship include frail elders, physically and developmentally disabled, people with mental health and substance abuse diagnoses, and those who are dually eligible for Medicaid and Medicare benefits. Our joint efforts will help to forge a "cross-county line" provider network for western Wisconsin, which would include major health systems such as Luther-Midelfort-Mayo and Marshfield systems. Both organizations have and will continue to develop resources to best utilize acute health care services and corresponding costs.

The final area of development between our organizations includes work to develop and define the business and administrative services we would provide individually as well as mutually to the two collaborations we are involved with.

Other Comments or Information:

CHP and GHC-EC are committed to the public/private collaborative RFI/RFPs we are involved in. The submission of this RFI explains the steps our two organizations are committing to in a formal agreement to enhance the work in those RFI/RFPs, and to create a best practice model that may be useful elsewhere in the state. If our efforts are not successful in these collaboratives, we are committed to being a resource to the Department to expand Partnership, SSI Managed Care, and Long-Term Care managed care reform in western Wisconsin.